



ALASKA STATE MEDICAL BOARD

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PERIODIC RECORD OF ASSESSMENT PHYSICIAN ASSISTANT-CERTIFIED

Instructions: State law requires collaborative physicians conduct periodic performance assessments for each physician assistant with whom they have a collaborative relationship. Regulation 12 AAC 40.430 (see back of form) specifies the assessment. State law further mandates the use of this form and requires that the collaborative physician maintain these records of assessment, including a provision for these records to be audited by the board. Pertinent regulations are reprinted on the back of this form. Either the primary or alternate physician may perform assessments; however, the primary physician must maintain records.

Physician
Assistant

(Last Name, First, M.I.)

Work Location

Please use the following rating scale in evaluating the parameters below.

RATING SCALE:

5 – Excellent

4 – Above Average

3 – Satisfactory

2 - Needs Improvement

1 – Unacceptable

Medical Knowledge Base

Demonstrates appropriate level of medical knowledge.

Clinical Skills

Demonstrates proficiency in obtaining history and physicals, developing diagnoses, prescribing appropriate treatment plans for the diagnoses, and executing proper treatment modalities.

Clinical Judgment

Applies sound medical knowledge and makes appropriate decisions. Physician consultations and referrals are appropriate.

Record Keeping

Records are complete, legible, and well organized.

Communications Skills

Communicates clearly and effectively with patients and colleagues.

Professional Behavior

Behaves in a professional, cooperative, and positive manner.

OVERALL RATING

Frequency of Contact via Telephone, Radio, or Other Electronic Means:

(Times per week/month)

Frequency of Face-to-Face Contacts:

Per Month: _____

Per Quarter: _____

Please describe your policy for periodic chart review:

Additional Comments:

Signature, Evaluating Collaborative Physician

Date

Date of Assessment:

Signature, Physician Assistant

Date

12 AAC 40.430. PERFORMANCE AND ASSESSMENT OF PRACTICE. (a) A person may perform medical diagnosis and treatment as a physician assistant only if licensed by the board and authorized to practice under 12 AAC 40.408 and only within the scope of practice of the collaborating physician.

(b) A periodic method of assessment of the quality of practice must be established by the collaborating physician before an applicant is granted authorization to practice. In this subsection, "periodic method of assessment" means evaluation of medical care and clinic management.

(c) *Repealed 3/27/03.*

(d) *Repealed 3/27/03.*

(e) Assessments must include annual direct personal contact between the physician assistant and the primary or alternate collaborating physician, at either the physician or physician assistant's work site. The collaborating physician shall document the evaluation on a form provided by the department.

(f) Except as provided in (h) of this section, collaborative plans in effect for less than two years must include at least one direct personal contact visit with the primary or alternate collaborating physician per calendar quarter for at least four hours duration.

(g) Except as provided in (h) of this section, collaborative plans in effect for two years or more must include at least two direct personal contact visits with the primary or alternate collaborating physician per year. Each visit must be of at least four hours duration and must be at least four months apart.

(h) Physician assistants who practice under a collaborative plan for a continuous period of less than three months of each year must have at least one direct personal contact visit with the primary or alternate collaborating physician annually.

(i) Collaborative plans, regardless of duration, must have at least monthly telephone or radio contact between the physician assistant and the primary or alternate collaborating physician. Each telephone or radio contact must be documented.

(j) Contacts, whether direct personal contact or contact by telephone, radio, or other electronic means, must include reviews of patient care and review of health care records.

(k) The primary collaborating physician shall maintain records of performance assessments. The board may audit those records.

(l) The primary collaborating physician shall maintain on file the completed records of assessment form for at least seven years after the date of the evaluation.

(m) If an alternate collaborating physician performs the evaluation, copies of the record of assessment must be provided to the primary collaborating physician for retention in the primary collaborating physician's records.

(n) In even-numbered years, the board's executive secretary shall initiate audits of the records of assessment.

(o) Ten percent of the actively licensed physician assistants, selected randomly by computer, will be audited for records of assessment for all active collaborative plans in place at the time of audit.

(p) For an audit, the collaborating physician shall produce records of assessment for the past two calendar years immediately preceding the year of audit.

(q) If the collaborative plan has been in effect for at least one year, but less than two years, only one year of records will be audited. Collaborative plans of less than one year's duration will not be audited.

12 AAC 40.980. COLLABORATING PHYSICIAN. (a) A physician who establishes a collaborative relationship with a physician assistant shall submit to the board, under oath, a plan of collaboration which includes

(1) license data, including license number, date of issue, and specialty, if any, for the physician and at least one alternate collaborating physician;

(2) personal data, including the name, employment, and both residence and mailing addresses of the physician assistant with whom the physician intends to establish a collaborative relationship;

(3) *repealed 4/2/2004;*

(4) *repealed 4/2/2004;*

(5) *repealed 4/2/2004;*

(6) *repealed 4/2/2004;*

(b) The board will approve or disapprove the plan, stating the reasons for that action.

(c) The board or its executive secretary will send the collaborating physician, in duplicate, the board's formal approval or disapproval of the plan with the reasons for that action.

(d) One copy of the formal approval under this chapter of the plan of collaboration is considered documented evidence of an established collaborative relationship.

(e) Nothing in this section prohibits periodic board review and assessment of the collaborating physician and the collaborative relationship.

12 AAC 40.990. DEFINITIONS. (a) In this chapter...

(3) "collaborating physician" means a person who is actively licensed in the state as a physician or osteopath, who enters into a consultative relationship with a nonphysician health care provider who undertakes the practice of medicine, medical diagnosis and treatment;

(4) "collaborative relationship" means a consultative relationship between a physician and nonphysician health care provider which uses their respective areas of expertise to meet the common goal of providing comprehensive care for the patient;

YOUR RECORDS MAY BE AUDITED!

RETAIN THIS RECORD OF ASSESSMENT FOR AT LEAST SEVEN (7) YEARS FOR EACH PHYSICIAN ASSISTANT FOR WHOM YOU SERVE AS A COLLABORATING PHYSICIAN.